Mr. DORGAN. The Senator is not asking a question. I yielded to the Senator for a question. If he would truncate it, I would appreciate it.

Mr. LAUTENBERG. The question is whether, if you think that casual standard for bringing in food and other products is acceptable—

Mr. DORGAN. Reclaiming my time. Mr. LAUTENBERG.—therefore, we ought to do the same with drugs?

Mr. DORGAN. Reclaiming my time, the answer is self-evident by the question. Of course, we would benefit from stricter standards for fish, vegetables, and fruits. That was the point I was making. But what we have done with respect to importation of prescription drugs is we have included batch lots and pedigrees and tracers that do not exist in the existing drug supply. Why? The existing drug supply does not have those provisions because they have been objected to over the years by the pharmaceutical industry.

We have put in place procedures that will make this safe. You cannot say the same thing about fruits, vegetables, and seafood, unfortunately. A lot of work needs to be done there. But we do not bring a bill to the floor of the Senate, a bipartisan group of legislators, a bill that would in any way injure or provide problems with respect to safety.

What we do is bring to the floor of the Senate legislation that dramatically enhances the margin of safety for prescription drugs. But I understand, I understand completely. If I were trying to protect, and I were the drug industry trying to protect billions, boy, I understand the exertion of effort to try to protect that.

My only point is this: I have a beef with an industry that decides they are going to overcharge the American people, in some cases 10 times more, in some cases 5, double the price that is paid in other parts of the world for the identical drug. I don't think that is fair, and I don't think we should allow it to continue. The way to prevent it is to give the American people the freedom—every European has that freedom.

Let me end with how I began. For somebody to come out here and say this is about unregulated, untested drugs is absolute sheer nonsense. It is not. We do not have to debate what words mean and what words say. That is not a debate we ought to take time to have. All we have to do is read it and then represent it accurately, which has not been the case on the floor of the Senate, regrettably.

I yield the floor.

I suggest the absence of a quorum.
The PRESIDING OFFICER. The clerk will call the roll.

The clerk will call the roll.

The assistant bill clerk proceeded to call the roll

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, is it the case when a quorum call is requested it is equally charged?

The PRESIDING OFFICER. No.

Mr. DORGAN. Mr. President, I ask unanimous consent that the quorum call be equally charged on both sides. I suggest the absence of a quorum.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BAUCUS. Mr. President, I would like to remind us why we are here—health care reform—and why health care reform is so important. I would like to go through the costs of inaction, what the consequences are if we do not pass health care reform.

First of all, rising health care costs are wrecking the lives of Americans. In 2007, 62 percent of bankruptcies were due to medical costs. This legislation will help reduce the rate of growth of health care costs. In fact, the President's Council on Economic Advisers and the President just announced today or yesterday there will be a 1-percent reduction in national health care costs. CBO basically said this bill is deficit neutral, and it will have an effect on reducing health care costs. This bill will reduce health care costs.

A Harvard study found, in addition, when people do not have health insurance, they are more likely to be much more ill.

Harvard found every year in America lack of health insurance leads to 45,000 deaths. If Americans do not have health insurance, it leads to 45,000 deaths in our country. That is intolerable. How can we in the United States of America—we pride ourselves as the biggest, the strongest, the most moral country on the globe. How can we allow 45,000 deaths just because somebody does not have health insurance? People without health insurance have a 40-percent higher risk of death than those with private health insurance.

How does this bill affect Medicare? According to the CMS Actuary, Medicare is projected to go broke in about the year 2017. CMS has estimated this will actually extend solvency to the year 2026.

That is very important, Mr. President. It is an important message to seniors—that the Medicare trust fund solvency will be extended under this legislation for at least 9 more years, beyond 2017. I wish it were further, but that is a lot better than not extending solvency—extending solvency for that period of time.

The bill also would increase the percentage of people who have health insurance from about 83 percent to 94 percent. That, too, is no small matter.

Our legislation would reform the insurance market to protect those with preexisting conditions. It would prevent insurance companies from discriminating and capping coverage, and it would require insurance companies to renew policies as long as policyholders pay their premiums.

Let me just say a bit more, with a little more precision, about premium costs. The Centers for Medicare & Medicaid Services, the Office of the Actuary, confirmed this. They confirmed that this legislation will cover 33 million Americans who are currently uninsured and will do so while significantly reducing Medicare costs and Medicaid spending. Think of that. This legislation will cover 33 million Americans who are currently not covered at the same time reducing Medicare and Medicaid costs.

Don't take my word for it. That is the projection of the Chief Actuary of CMS. In addition, as I mentioned, the Chief Actuary says this will extend the life of the trust fund for 9 years.

Moreover, this legislation reduces the cost to seniors, to a family, by \$300 by 2019. Medicare Part B premiums, according to the Actuary, will be \$300 lower than it otherwise would be. The out-of-pocket costs would be, for a couple—I think it is roughly \$400. That is a total of about a \$700 reduction for a couple in 2019. So a reduction in Medicare Part B premium costs and a reduction in out-of-pocket costs.

Essentially, the Actuary concludes, and I will read the quote:

The proposed reductions in Medicare payment updates for providers, the actions of the Independent Medicare Advisory Board, and the excise tax on high-cost employer sponsored health insurance would have a significant downward impact on future health care cost growth rates.

Again, a "significant downward impact on future health care cost growth rates." The Actuary says the bend in the cost curve is evident. The Actuary also concludes that in 2019 health expenditures are projected to rise by 7.2 percent with no change but 6.9 percent under the proposal. That is, under the proposal, health care costs will rise at a lower rate than they will if this legislation does not pass.

In addition, this report shows how health insurance costs for millions of Americans will reduce premiums by 14 to 20 percent for people in the individual market. Actually, that was the Congressional Budget Office that reached that conclusion and not the Actuary. The Congressional Budget Office has basically concluded that for 93 percent of Americans premiums will be lowered. For 93 percent of Americans premiums will be lower.

It is true that for those who are employed—the five-sixths of persons who now have health insurance—their premiums would not go down a heck of a lot, but they will start going down due to this legislation. For the 7 percent whose premiums are not reduced, they get a better deal. That 7 percent will have much higher quality health insurance than they now have, basically because of no more denial of care for preexisting conditions, market reform,